

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51						
2	/	/	/	/			52						
3	/	/	/	/			53						
4	/	/	/	/			54						
5	/	/	/	/			55						
6	/	/	/	/			56						
7	/	/	/	/			57						
8	/	/	/	/			58						
9	/	/	/	/			59						
10	/	/	/	/			60						
11	/	/	/	/			61						
12	/	/	/	/			62						
13	/	/	/	/			63						
14	/	/	/	/			64						
15	/	/	/	/			65						
16	/	⊙	/	/			66						
17	/	/	/	/			67						
18	/	/	/	/			68						
19	/	/	/	/			69						
20	/	/	/	/			70						
21	/	/	/	/			71						
22	/	/	/	/			72						
23	/	/	/	/			73						
24	/	/	/	/			74						
25	/	⊙	/	/			75						
26	/	/	/	/			76						
27	/	/	/	/			77						
28	/	/	/	/			78						
29	/	/	/	/			79						
30				/			80						
31				/			81						
32				/			82						
33				/			83						
34				/			84						
35				/			85						
36				/			86						
37				/			87						
38				/			88						
39				/			89						
40				/			90						
41				/			91						
42				/			92						
43				/			93						
44				/			94						
45				/			95						
46				/			96						
47				/			97						
48				/			98						
49				/			99						
50				/			100						
TOTAL IND.			9				TOTAL IND.						
TOTAL DEP.			27				TOTAL DEP.						
TOTAL CLAIMS			36				TOTAL CLAIMS						